

57413

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002330**

SFUND RECORDS CTR  
999000941

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
Name <b>ALUMINUM CO. OF AMERICA - VERNON WORKS</b>		Name <b>OPERATING INDUSTRIES INC.</b>		Name <b>CHEMICAL WASTE MANAGEMENT INC.</b>	
EPA NO. <b>CAD0074126681</b>		EPA NO. <b>CAD080012024</b>		EPA NO. <b>CAT000646117</b>	
Address <b>5151 ALCOA AVE.</b> Phone No. <b>588-6141</b>		Address <b>900 N. POTRERO GRANDE DR.</b>		Address <b>P.O. BOX 1104 430 W. ELM AVE.</b>	
City, State, Zip <b>VERNON, CA. 90058</b>		City, State, Zip <b>MONTEREY PARK, CA</b>		City, State, Zip <b>COALINGA, CA. 93210</b>	

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY **#7** ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <b>100</b> %			

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *[Signature]* **Signature of Authorized Agent and Title** **10-9-81** **Date Shipped**

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		⑮ PICK-UP DATE <b>10-9-81</b>	
⑭ NAME <b>ASBURY OIL CO.</b>		TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. <b>CAD028277036</b>		⑯ <i>[Signature]</i> <b>Signature of Authorized Agent and Title</b> <b>10-9-81</b> <b>Date</b>	
ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b>			
CITY, STATE, ZIP <b>Gardena, California 90249</b>			

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)		⑰ NAME <b>Operating TSD Inc.</b> ⑱ QUANTITY (If Measured) <b>100 Bbl</b>	
EPA NO. <b>CAT080012024</b> ⑲ STATE FEE (If Any) _____		⑳ HANDLING OR DISPOSAL METHOD:	
PHONE NO. _____		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____		<input type="checkbox"/> Treatment (Specify) _____	
⑳ NAME _____		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
EPA NO. _____		⑳ <i>[Signature]</i> <b>Signature of Authorized Agent and Title</b> <b>10-9-81</b> <b>Date Accepted</b>	

ORIGINAL